

Applied Card Bank
c/o First National Collection Bureau
Dept 940
PO Box 4115
Concord, CA 94524

Associates
c/o Midland Credit Mangement, Inc
PO Box 939019
San Diego, CA 92193-9019

Atlantic Credit & Finance
NCC Business Services
3733 University Blvd West Suite 300
Jacksonville, FL 32217

Bank of America
c/o NCO Financial Systems, Inc
PO Box 15630 Dept 27
Wilmington, DE 19850

Calvary Portfolio Services LLC
c/o Blitt & Gaines PC
318 W Adams Street Suite 1600
Chicago, IL 60606

Capital One Bank
Capital Mangement Services

Capital One Business Visa
PO Box 30285
SLC, UT 84130-0285

Cental DuPage Hospital
25 N Winfield Road
Winfield, IL 60190-1295

Central DuPage Hospital
0N025 Winfield Road
Winfield, IL 60190-1295

Document Page 2 of 64
Central DuPage Hospital
25 N Winfield Rd
Winfield, IL 60190

Central DuPage Hospital
25 N Winfield Road
Winfield, IL 60190-1295

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Winfield, IL 60190-1295

Central DuPage Hospital
25 N Winfield Road
Winfield, IL 60190

Central DuPage Hospital
0N025 Winfield Road
Winfield, IL 60190

CFB Financial III LLC
c/o Merchants Credit Guide Co
PO Box 18053
Hauppauge, NY 11788-8853

Citibank(South Dakota) NA
c/o Associated Recovery Systems
8665 Baypine Road Suite 200
Jacksonville, FL 32256

Dell Financial Services
c/o Valentine & Kebartas Inc
PO Box 325
Lawrenceville, MA 01842

Delnor Community Hospital
c/o KCA Financial Services, INC
PO Box 53
Geneva, IL 60134

E Meister DC PC
c/o Edgerton & Edgerton
PO Box 218
West Chicago, IL 60186

F&S Financial Group
c/o Hui & Associates LLC
665 Pasquinelli Dr Suite 206
Westmont, IL 60559

Fan Distributing LLC
c/o Underwood Law Firm
515 Olive Street Suite 800
St. Louis, MO 63101

First Premier Bank
PO Box 5147
Sioux Falls, SD 57117-5147

First Revenue Assurance
PO Box 5818
Denver, CO 80217

GE Capital
c/o Van Ru International
1350 E Touhy Avenue Suite 300E
Des Plaines, IL 60018-3307

Great Seneca Financial Corporation
c/o Blatt Hasenmiller Leibsker & Moore
125 S Wacker Drive Suite 400
Chicago, IL 60606-4440

Greater Valley Medicine SC
2900 Foxfield Road Suite 307
St. Charles, IL 60174

Household/Orchard Bank
c/o Midland Credit Mangement
PO Box 939019
San Diego, CA 92193-9019

HSBC Bank Nevada
c/o Arrow Financial Services
PO Box 1206
Oak, PA 19456-1206

Illinois Department of Revenue
Bankruptcy Division 100 West Randolph, 7t
Chicago, IL 60601

IRS
Mail Stop 5010 CHI
230 S. Dearborn Street
Chicago, IL 60604

IRS
P.O. Box 21126
Philadelphia, PA 19114

Laboratory Physicians, LLC
PO Box 10200
Peoria, IL 61612-0200

Macneal Hospital
c/o Receivables Management Solutions
260 E Wentworth Avenue
West St. Paul, MN 55118

Macneal Womens Healthcare Center
125 North Lagrange Road
LaGrange, IL 60525

Mary Murphy
940 Coventry Drive
Lake Forest, IL 60045

Midland Funding Associates
PO Box 930919
San Diego, CA 92193-9019

Midland Funding LLC
c/o Blatt Hasenmiller Leibsker & Moore
125 S Wacker Drive Suite 400
Chicago, IL 60606-4440

MRC Receivable Corp
c/o Blatt Hasenmiller Leibsker & Moore
125 S Wacker Drive Suite 400
Chicago, IL 60606

Orchard
c/o Schnatmeier Cohen & Associates
1860 Sandy Plains Road #204-184
Marietta, GA 30066

Spiegel's
c/o Mitchell Kay
PO Box 2374
Chicago, IL

Valley Emergency Care Inc
c/o Dennis AS Brebner & Associates
860 Northpoint Blvd
Waukegan, IL 60085-8211

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In Re:
Janet L Ryan

Bankruptcy Case Number: _____

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: _____

The above named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: 8/22/2007

s/ Janet L Ryan
Janet L Ryan

Debtor

United States Bankruptcy Court Northern District of Illinois Eastern Division				Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Ryan, Janet L		Name of Joint Debtor (Spouse) (Last, First, Middle):																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Janet Lee's Cleaning Janet Lawrence		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																							
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): 2437		Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):																							
Street Address of Debtor (No. & Street, City, and State): 102 Division Street Geneva, IL		Street Address of Joint Debtor (No. & Street, City, and State):																							
ZIP CODE 60134		ZIP CODE																							
County of Residence or of the Principal Place of Business: Kane		County of Residence or of the Principal Place of Business:																							
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																							
ZIP CODE		ZIP CODE																							
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE																							
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ----- Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																							
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1,000-5,000</td> <td style="text-align: center;">5,001-10,000</td> <td style="text-align: center;">10,001-25,000</td> <td style="text-align: center;">25,001-50,000</td> <td style="text-align: center;">50,001-100,000</td> <td style="text-align: center;">Over 100,000</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$10,000 <input type="checkbox"/> \$10,000 to \$100,000 <input type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million																									
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input checked="" type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million																									

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Janet L Ryan	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <input checked="" type="checkbox"/> _____ 8/22/2007 Signature of Attorney for Debtor(s) Date Jonathan G. Anderson 03128613	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Statement by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following). <div style="text-align: right; margin-right: 100px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: right; margin-right: 100px;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

Voluntary Petition
 (This page must be completed and filed in every case)

Name of Debtor(s):
Janet L Ryan

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

s/ Janet L Ryan
 Signature of Debtor **Janet L Ryan**

Not Applicable
 Signature of Joint Debtor

Telephone Number (If not represented by attorney)

8/22/2007
 Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Not Applicable
 (Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney

Signature of Attorney for Debtor(s)
Jonathan G. Anderson, 03128613
 Printed Name of Attorney for Debtor(s) / Bar No.

Anderson & Associates, P.C.
 Firm Name
1701 E. Woodfield Road, Suite 1050 Schaumburg, IL 60173
 Address

(847) 995-9999 **(847) 995-0117**
 Telephone Number

8/22/2007
 Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparer, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Not Applicable
 Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number(If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. 110.)

Address

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Not Applicable
 Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Not Applicable

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: Janet L Ryan
Debtor

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: s/ Janet L Ryan
Janet L Ryan

Date: 8/22/2007

FORM B6A
(10/05)

In re: Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total			0.00	

(Report also on Summary of Schedules.)

Form B6B
(10/05)

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand				0.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase Bank (business account) St. Charles		300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Phillip Anderson 303 North 3rd Avenue St. Charles, IL 60174		1,200.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Household goods, no one item in excess of \$500		2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Ordinary wearing apparel		300.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Life Insurance Term (AARP)		0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			

Form B6B-Cont.
(10/05)

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Pontiac Grand Am		4,800.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			

Form B6B-Cont.
(10/05)

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<u>2</u> continuation sheets attached			Total > \$ 8,600.00	

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Official Form 6C (04/07)

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

Check if debtor claims a homestead exemption that exceeds \$136,875

- 11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2001 Pontiac Grand Am	735 ILCS 5/12-1001(b)	1,700.00	4,800.00
Household goods, no one item in excess of \$500	735 ILCS 5/12-1001(b)	2,000.00	2,000.00
Ordinary wearing apparel	735 ILCS 5/12-1001(b)	300.00	300.00
Phillip Anderson 303 North 3rd Avenue St. Charles, IL 60174	735 ILCS 5/12-1001(b)	1,200.00	1,200.00

Official Form 6D (10/06)

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							0.00	0.00
			VALUE \$0.00					

0 continuation sheets attached

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$	0.00	\$	0.00
\$	0.00	\$	0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Official Form 6E (04/07)

In re Janet L Ryan

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

Official Form 6E (04/07) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. Illinois Department of Revenue Bankruptcy Division 100 West Randolph, 7t Chicago, IL 60601			unknown amount				unknown	unknown	0.00
ACCOUNT NO. ** -2437 IRS P.O. Box 21126 Philadelphia, PA 19114 IRS Mail Stop 5010 CHI 230 S. Dearborn Street Chicago, IL 60604			2004 2005 2006				13,085.00	13,085.00	0.00

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals >
(Totals of this page)

Total >

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total >

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$	13,085.00	\$	13,085.00	\$	0.00
\$	13,085.00				
		\$	13,085.00	\$	0.00

Official Form 6F (10/06)

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4227097288928836 Applied Card Bank c/o First National Collection Bureau Dept 940 PO Box 4115 Concord, CA 94524		credit card				3,099.00
ACCOUNT NO. 8514367014 Associates c/o Midland Credit Mangement, Inc PO Box 939019 San Diego, CA 92193-9019		unsecured loan				2,423.21
ACCOUNT NO. 1018394 Atlantic Credit & Finance NCC Business Services 3733 University Blvd West Suite 300 Jacksonville, FL 32217		credit card				1,009.01
ACCOUNT NO. KF1530 Bank of America c/o NCO Financial Systems, Inc PO Box 15630 Dept 27 Wilmington, DE 19850		credit card				2,663.57
ACCOUNT NO. 05 AR 2385 Calvary Portfolio Services LLC c/o Blitt & Gaines PC 318 W Adams Street Suite 1600 Chicago, IL 60606		credit card				7,050.26

8 Continuation sheets attached

Subtotal >	\$	16,245.05
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4115072225748610 Capital One Bank Capital Mangement Services						1,335.02
ACCOUNT NO. 4115072225748618 Capital One Business Visa PO Box 30285 SLC, UT 84130-0285		Credit Card account for Janet Lees Cleaning Company				741.14
ACCOUNT NO. 4115072333102898 Capital One Business Visa PO Box 30285 SLC, UT 84130-0285		Credit Card for Janet Lees Cleaning Company				358.95
ACCOUNT NO. 4508512 Cental DuPage Hospital 25 N Winfield Road Winfield, IL 60190-1295		medical bill				145.06
ACCOUNT NO. 3239322 Central DuPage Hospital 0N025 Winfield Road Winfield, IL 60190-1295		medical bill				1,194.69

Sheet no. 1 of 8 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	3,774.86
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1331367 Central DuPage Hospital 25 N Winfield Rd Winfield, IL 60190		medical bill				90.75
ACCOUNT NO. 3300244 Central DuPage Hospital 25 N Winfield Road Winfield, IL 60190		medical bill				337.21
ACCOUNT NO. 2760065 Central DuPage Hospital 25 N Winfield Road Winfield, IL 60190-1295		medical bills				4,877.99
ACCOUNT NO. 4525322 Central DuPage Hospital 25 N Winfield Rd Winfield, IL 60190-1295		medical bill				125.29
ACCOUNT NO. 4515575 Central DuPage Hospital 0N025 Winfield Road Winfield, IL 60190-1295		medical bill				32.90

Sheet no. 2 of 8 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	5,464.14
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3020877-001 Central DuPage Hospital 25 N Winfield Road Winfield, IL 60190		medical bill				1,134.25
ACCOUNT NO. 4515457 Central DuPage Hospital 0N025 Winfield Road Winfield, IL 60190		medical bill				20.19
ACCOUNT NO. 15-058312293 CFB Financial III LLC c/o Merchants Credit Guide Co PO Box 18053 Hauppauge, NY 11788-8853		Collections for American General Finance personal loan			X	4,555.05
ACCOUNT NO. 4621201167088488 Citibank(South Dakota) NA c/o Associated Recovery Systems 8665 Baypine Road Suite 200 Jacksonville, FL 32256		credit card				2,562.22
ACCOUNT NO. 004866568-01-0233 Dell Financial Services c/o Valentine & Kebartas Inc PO Box 325 Lawrenceville, MA 01842						904.62

Sheet no. 3 of 8 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	9,176.33
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. V010922938 Delnor Community Hospital c/o KCA Financial Services, INC PO Box 53 Geneva, IL 60134		medical				1,235.44
ACCOUNT NO. 99 SC 632 E Meister DC PC c/o Edgerton & Edgerton PO Box 218 West Chicago, IL 60186		dental expenses				3,270.00
ACCOUNT NO. F&S Financial Group c/o Hui & Associates LLC 665 Pasquinelli Dr Suite 206 Westmont, IL 60559		credit card				1,189.24
ACCOUNT NO. 06-7945 Fan Distributing LLC c/o Underwood Law Firm 515 Olive Street Suite 800 St. Louis, MO 63101		general merchandise				2,023.11
ACCOUNT NO. 4610078485913297 First Premier Bank PO Box 5147 Sioux Falls, SD 57117-5147		credit card account				494.00

Sheet no. 4 of 8 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	8,211.79
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7133812 First Revenue Assurance PO Box 5818 Denver, CO 80217		03/27/2007 Cingular Wireless Chicago				605.80
ACCOUNT NO. 25096998 GE Capital c/o Van Ru International 1350 E Touhy Avenue Suite 300E Des Plaines, IL 60018-3307		JC Penney account CG8892482742950				276.09
ACCOUNT NO. 1739642 Great Seneca Financial Corporation c/o Blatt Hasenmiller Leibsker & Moore 125 S Wacker Drive Suite 400 Chicago, IL 60606-4440		Providian Bank Mastercard number 5542851100875921				2,618.40
ACCOUNT NO. 44716 Greater Valley Medicine SC 2900 Foxfield Road Siuite 307 St. Charles, IL 60174		medical bill				29.14
ACCOUNT NO. 8507161783 Household/Orchard Bank c/o Midland Credit Mangement PO Box 939019 San Diego, CA 92193-9019		Household/Orchard Bank account				1,206.65

Sheet no. 5 of 8 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	4,736.08
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 34583041 HSBC Bank Nevada c/o Arrow Financial Services PO Box 1206 Oak, PA 19456-1206		Carson Pirie Scott account number 13000000001110323481				675.01
ACCOUNT NO. 62510LPL Laboratory Physicians, LLC PO Box 10200 Peoria, IL 61612-0200		medical bill				37.20
ACCOUNT NO. 4459421 Macneal Hospital c/o Receivables Mangement Solutions 260 E Wentworth Avenue West St. Paul, MN 55118		medical bill				48,536.37
ACCOUNT NO. 38980 Macneal Womens Healthcare Center 125 North Lagrange Road LaGrange, IL 60525		medical bill				205.00
ACCOUNT NO. Mary Murphy 940 Coventry Drive Lake Forest, IL 60045		personal loan				2,000.00

Sheet no. 6 of 8 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	51,453.58
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8514367014 Midland Funding Associates PO Box 930919 San Diego, CA 92193-9019						2,527.21
ACCOUNT NO. 1717921 Midland Funding LLC c/o Blatt Hasenmiller Leibsker & Moore 125 S Wacker Drive Suite 400 Chicago, IL 60606-4440		Emerge Mastercard account 5181890005883842				2,980.57
ACCOUNT NO. 05 SCK 4690 MRC Receivable Corp c/o Blatt Hasenmiller Leibsker & Moore 125 S Wacker Drive Suite 400 Chicago, IL 60606		credit card				1,882.52
ACCOUNT NO. 29429 Orchard c/o Schnatmeier Cohen & Associates 1860 Sandy Plains Road #204-184 Marietta, GA 30066		credit card				1,178.32
ACCOUNT NO. Spiegel's c/o Mitchell Kay PO Box 2374 Chicago, IL		credit card				1,225.44

Sheet no. 7 of 8 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	9,794.06
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 01-061232117		medical bill				110.37
Valley Emergency Care Inc c/o Dennis AS Brebner & Associates 860 Northpoint Blvd Waukegan, IL 60085-8211						

Sheet no. 8 of 8 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 110.37
Total >	\$ 108,966.26

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Jonathan G. Anderson 03128613
Anderson & Associates, P.C.
1701 E. Woodfield Road, Suite 1050
Schaumburg, IL 60173

(847) 995-9999
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

Eastern Division

In Re:

Debtor: **Janet L Ryan**

Social Security Number: **2437**

Case No:

Chapter **7**

Numbered Listing of Creditors

Creditor name and mailing address	Category of Claim	Amount of Claim
1.	Secured Claims	\$ 0.00
2. Applied Card Bank c/o First National Collection Bureau Dept 940 PO Box 4115 Concord, CA 94524	Unsecured Claims	\$ 3,099.00
3. Associates c/o Midland Credit Mangement, Inc PO Box 939019 San Diego, CA 92193-9019	Unsecured Claims	\$ 2,423.21
4. Atlantic Credit & Finance NCC Business Services 3733 University Blvd West Suite 300 Jacksonville, FL 32217	Unsecured Claims	\$ 1,009.01
5. Bank of America c/o NCO Financial Systems, Inc PO Box 15630 Dept 27 Wilmington, DE 19850	Unsecured Claims	\$ 2,663.57

In re: **Janet L Ryan**

Case No. _____

6.	Calvary Portfolio Services LLC c/o Blitt & Gaines PC 318 W Adams Street Suite 1600 Chicago, IL 60606	Unsecured Claims	\$ 7,050.26
7.	Capital One Bank Capital Mangement Services	Unsecured Claims	\$ 1,335.02
8.	Capital One Business Visa PO Box 30285 SLC, UT 84130-0285	Unsecured Claims	\$ 741.14
9.	Capital One Business Visa PO Box 30285 SLC, UT 84130-0285	Unsecured Claims	\$ 358.95
10.	Cental DuPage Hospital 25 N Winfield Road Winfield, IL 60190-1295	Unsecured Claims	\$ 145.06
11.	Central DuPage Hospital 0N025 Winfield Road Winfield, IL 60190-1295	Unsecured Claims	\$ 1,194.69
12.	Central DuPage Hospital 25 N Winfield Rd Winfield, IL 60190	Unsecured Claims	\$ 90.75
13.	Central DuPage Hospital 25 N Winfield Road Winfield, IL 60190	Unsecured Claims	\$ 337.21
14.	Central DuPage Hospital 25 N Winfield Road Winfield, IL 60190-1295	Unsecured Claims	\$ 4,877.99

In re: **Janet L Ryan**

Case No. _____

15.	Central DuPage Hospital 25 N Winfield Rd Winfield, IL 60190-1295	Unsecured Claims	\$ 125.29
16.	Central DuPage Hospital 0N025 Winfield Road Winfield, IL 60190-1295	Unsecured Claims	\$ 32.90
17.	Central DuPage Hospital 25 N Winfield Road Winfield, IL 60190	Unsecured Claims	\$ 1,134.25
18.	Central DuPage Hospital 0N025 Winfield Road Winfield, IL 60190	Unsecured Claims	\$ 20.19
19.	CFB Financial III LLC c/o Merchants Credit Guide Co PO Box 18053 Hauppauge, NY 11788-8853	Unsecured Claims	\$ 4,555.05
20.	Citibank(South Dakota) NA c/o Associated Recovery Systems 8665 Baypine Road Suite 200 Jacksonville, FL 32256	Unsecured Claims	\$ 2,562.22
21.	Dell Financial Services c/o Valentine & Kebartas Inc PO Box 325 Lawrenceville, MA 01842	Unsecured Claims	\$ 904.62
22.	Delnor Community Hospital c/o KCA Financial Services, INC PO Box 53 Geneva, IL 60134	Unsecured Claims	\$ 1,235.44
23.	E Meister DC PC c/o Edgerton & Edgerton PO Box 218 West Chicago, IL 60186	Unsecured Claims	\$ 3,270.00

In re: **Janet L Ryan**

Case No. _____

24.	F&S Financial Group c/o Hui & Associates LLC 665 Pasquinelli Dr Suite 206 Westmont, IL 60559	Unsecured Claims	\$ 1,189.24
25.	Fan Distributing LLC c/o Underwood Law Firm 515 Olive Street Suite 800 St. Louis, MO 63101	Unsecured Claims	\$ 2,023.11
26.	First Premier Bank PO Box 5147 Sioux Falls, SD 57117-5147	Unsecured Claims	\$ 494.00
27.	First Revenue Assurance PO Box 5818 Denver, CO 80217	Unsecured Claims	\$ 605.80
28.	GE Capital c/o Van Ru International 1350 E Touhy Avenue Suite 300E Des Plaines, IL 60018-3307	Unsecured Claims	\$ 276.09
29.	Great Seneca Financial Corporation c/o Blatt Hasenmiller Leibsker & Moore 125 S Wacker Drive Suite 400 Chicago, IL 60606-4440	Unsecured Claims	\$ 2,618.40
30.	Greater Valley Medicine SC 2900 Foxfield Road Suite 307 St. Charles, IL 60174	Unsecured Claims	\$ 29.14
31.	Household/Orchard Bank c/o Midland Credit Mangement PO Box 939019 San Diego, CA 92193-9019	Unsecured Claims	\$ 1,206.65
32.	HSBC Bank Nevada c/o Arrow Financial Services PO Box 1206 Oak, PA 19456-1206	Unsecured Claims	\$ 675.01

In re: **Janet L Ryan**

Case No. _____

33.	Illinois Department of Revenue Bankruptcy Division 100 West Randolph, 7t Chicago, IL 60601	Priority Claims	\$ 0.00
34.	IRS P.O. Box 21126 Philadelphia, PA 19114	Priority Claims	\$ 13,085.00
35.	Laboratory Physicians, LLC PO Box 10200 Peoria, IL 61612-0200	Unsecured Claims	\$ 37.20
36.	Macneal Hospital c/o Receivables Mangement Solutions 260 E Wentworth Avenue West St. Paul, MN 55118	Unsecured Claims	\$ 48,536.37
37.	Macneal Womens Healthcare Center 125 North Lagrange Road LaGrange, IL 60525	Unsecured Claims	\$ 205.00
38.	Mary Murphy 940 Coventry Drive Lake Forest, IL 60045	Unsecured Claims	\$ 2,000.00
39.	Midland Funding Associates PO Box 930919 San Diego, CA 92193-9019	Unsecured Claims	\$ 2,527.21
40.	Midland Funding LLC c/o Blatt Hasenmiller Leibsker & Moore 125 S Wacker Drive Suite 400 Chicago, IL 60606-4440	Unsecured Claims	\$ 2,980.57
41.	MRC Receivable Corp c/o Blatt Hasenmiller Leibsker & Moore 125 S Wacker Drive Suite 400 Chicago, IL 60606	Unsecured Claims	\$ 1,882.52

In re: **Janet L Ryan**

Case No. _____

42.	Orchard c/o Schnatmeier Cohen & Associates 1860 Sandy Plains Road #204-184 Marietta, GA 30066	Unsecured Claims	\$ 1,178.32
43.	Spiegel's c/o Mitchell Kay PO Box 2374 Chicago, IL	Unsecured Claims	\$ 1,225.44
44.	Valley Emergency Care Inc c/o Dennis AS Brebner & Associates 860 Northpoint Blvd Waukegan, IL 60085-8211	Unsecured Claims	\$ 110.37

In re: **Janet L Ryan**

Case No. _____

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Janet L Ryan**, named as debtor in this case, declare under penalty of perjury that I have have read the foregoing Numbered Listing of Creditors, consisting of **6 sheets** (not including this declaration), and that it is true to the best of my information and belief.

Signature: **s/ Janet L Ryan** _____
Janet L Ryan

Dated: **8/22/2007** _____

Form B6G
(10/05)

In re: Janet L Ryan
Debtor

Case No. _____
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Phillip Anderson 303 North 3rd Avenue Geneva, IL 60134	Month-to-Month

Form B6H
(10/05)

In re: **Janet L Ryan**
Debtor

Case No. _____
(If known)

SCHEDULE H - CODEBTORS

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

In re **Janet L Ryan**

Case No. _____

Debtor

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: not married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	Owner/Operator cleaning service	
Name of Employer	Janet Lee's Cleaning	
How long employed		
Address of Employer	102 Division Street Geneva, IL 60134	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ <u>2,400.00</u>	\$ _____
2. Estimate monthly overtime	\$ <u>0.00</u>	\$ _____
3. SUBTOTAL	\$ <u>2,400.00</u>	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>0.00</u>	\$ _____
b. Insurance	\$ <u>0.00</u>	\$ _____
c. Union dues	\$ <u>0.00</u>	\$ _____
d. Other (Specify) _____	\$ <u>0.00</u>	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>0.00</u>	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>2,400.00</u>	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ <u>0.00</u>	\$ _____
8. Income from real property	\$ <u>0.00</u>	\$ _____
9. Interest and dividends	\$ <u>0.00</u>	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <u>0.00</u>	\$ _____
11. Social security or other government assistance (Specify) Social Security	\$ <u>917.00</u>	\$ _____
12. Pension or retirement income	\$ <u>0.00</u>	\$ _____
13. Other monthly income (Specify) _____	\$ <u>0.00</u>	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <u>917.00</u>	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>3,317.00</u>	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 3,317.00	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

NONE

Official Form 6J (10/06)

In re Janet L Ryan
Debtor

Case No. _____
(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<u>1,200.00</u>
a. Are real estate taxes included?	Yes _____ No <u>✓</u>		
b. Is property insurance included?	Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel		\$	<u>148.00</u>
b. Water and sewer		\$	<u>137.00</u>
c. Telephone		\$	<u>98.00</u>
d. Other _____		\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)		\$	<u>50.00</u>
4. Food		\$	<u>250.00</u>
5. Clothing		\$	<u>75.00</u>
6. Laundry and dry cleaning		\$	<u>25.00</u>
7. Medical and dental expenses		\$	<u>25.00</u>
8. Transportation (not including car payments)		\$	<u>225.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<u>25.00</u>
10. Charitable contributions		\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)			
a. Homeowner's or renter's		\$	<u>0.00</u>
b. Life		\$	<u>25.00</u>
c. Health		\$	<u>26.00</u>
d. Auto		\$	<u>108.00</u>
e. Other _____		\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)			
(Specify) <u>IRS repayment plan</u>		\$	<u>75.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)			
a. Auto		\$	<u>275.00</u>
b. Other _____		\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$	<u>85.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<u>150.00</u>
17. Other _____		\$	<u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	<u>3,002.00</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I		\$	<u>3,317.00</u>
b. Average monthly expenses from Line 18 above		\$	<u>3,002.00</u>
c. Monthly net income (a. minus b.)		\$	<u>315.00</u>

Official Form 6 - Statistical Summary (10/06)
Form 6-Summ2 (Official Form) - (10/06)

2006 USBC, Central District of California

United States Bankruptcy Court

Official Form 6 - Statistical Summary (10/06)

UNITED STATES BANKRUPTCY COURT – NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re _____
Debtors

Case No. _____
Chapter _____

UNITED STATES BANKRUPTCY COURT	
In re _____ Debtor(s)	CHAPTER: CASE NO.:
Debtor(s):	Case No.: (If known) Chapter:

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

AMENDED - STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$

2006 USBC, Central District of California

United States Bankruptcy Court

Official Form 6 - Statistical Summary (10/06)

UNITED STATES BANKRUPTCY COURT – NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re _____
Debtors

Case No. _____
Chapter _____

UNITED STATES BANKRUPTCY COURT

In re _____ Debtor(s)	CHAPTER: CASE NO.:
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Debtor(s):	Case No.: (If known) Chapter:
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State the following:

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re: **Janet L Ryan**

Case No. _____

Chapter **7**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ 0.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

- 3. Net Employee Payroll (Other Than Debtor) \$ 0.00
- 4. Payroll Taxes 0.00
- 5. Unemployment Taxes 0.00
- 6. Worker's Compensation 0.00
- 7. Other Taxes 0.00
- 8. Inventory Purchases (Including raw materials) 0.00
- 9. Purchase of Feed/Fertilizer/Seed/Spray 0.00
- 10. Rent (Other than debtor's principal residence) 0.00
- 11. Utilities 0.00
- 12. Office Expenses and Supplies 0.00
- 13. Repairs and Maintenance 0.00
- 14. Vehicle Expenses 0.00
- 15. Travel and Entertainment 0.00
- 16. Equipment Rental and Leases 0.00
- 17. Legal/Accounting/Other Professional Fees 0.00
- 18. Insurance 0.00
- 19. Employee Benefits (e.g., pension, medical, etc.) 0.00
- 20. Payments to Be Made Directly By Debtor to Secured Creditors For

Pre-Petition Business Debts (Specify):

None

21. Other (Specify):

None

22. Total Monthly Expenses (Add items 3 - 21) \$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) \$ 0.00

Official Form 6 - Summary (10/06)

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re Janet L Ryan,
Debtor

Case No. _____
Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 8,600.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 13,085.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	9		\$ 108,966.26	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 3,317.00
J - Current Expenditures of Individual Debtor(s)	YES	2			\$ 3,002.00
TOTAL		22	\$ 8,600.00	\$ 122,051.26	

Official Form 6 - Declaration (10/06)

In re Janet L Ryan
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **24** sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: 8/22/2007

Signature: s/ Janet L Ryan
Janet L Ryan

Debtor

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

Official Form 7
(04/07)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re: Janet L Ryan
Debtor

Case No. _____
(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
26,000.00	Janet Lee's Cleaning	2005
26,000.00	Janet Lee's Cleaning	2006
13,000.00	Janet Lee's Cleaning	2007 to date

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
11,040.00	Social Security Widow's	2005
11,040.00	Social Security Widow's	2006

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT	AMOUNT
		PAID	STILL OWING

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT	AMOUNT
		PAID OR VALUE OF TRANSFERS	STILL OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Midland Funding LLC v. Janet Ryan aka Janet Lawrence aka Janet Fields 06 SCK 1933	small claims complaint for credit card debt	16th Judicial Circuit Court 100 S 3rd Street Geneva, IL 60134	pending
MRC Receivable Corp v. Janet Ryan aka Janet Lawrence aka Janet L Regan 05 SCK 4690	Smal claims complaint for credit card debt	16th Judicial Circuit 100 South 3rd Street Geneva, IL 60134	pending
Calvary Portfolio Services LLC v. Janet Lawrence 05 AR 2385	Small claims complaint for credit card debt	18th Judicial Circuit 505 N County Farm Road Wheaton, IL 60187	pending
F&S Financial Group LLC v. Janet Lee Ryan 06 SCK 1153	Small claims complaint for credit card	16th Judicial Circuit 100 S 3rd Street Geneva, IL 60134	pending

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	---

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Anderson & Associates, P.C.	May 23, 2006 - \$600.00	\$1,500.00 total
1701 E Woodfield Road Suite 1050	June 5, 2006 - \$400.00	
Schaumburg, IL 60173	June 14, 2006 - \$200.00	
	August 2, 2007 - \$300.00	

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Harris Bank	checking	2006

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor 's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	--------------------------

18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Janet Lee's Cleaning		102 Division Street Geneva, IL 60134	sole proprietorship cleaning	01/01/1994

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
------	---------

* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 8/22/2007

Signature of Debtor s/ Janet L Ryan
Janet L Ryan

Form 8
(10/05)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re: Janet L Ryan
Debtor

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1.					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
1. Month-to-Month	Phillip Anderson	X

s/ Janet L Ryan 8/22/2007
Janet L Ryan
Signature of Debtor Date

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

Exhibit "C"

[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]

In re: **Janet L Ryan**

Case No.:

Chapter: **7**

Debtor(s)

Exhibit "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

Official Form 24
(10/05)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re **Janet L Ryan** _____,
Debtor

Case No. _____
Chapter **7** _____

CERTIFICATION TO COURT OF APPEALS
BY ALL PARTIES

A notice of appeal having been filed in the above-styled matter on _____, _____, _____, and _____, [Names of all the appellants and all the appellees, if any], who are all the appellants [and all the appellees] hereby certify to the court under 28 U.S.C. § 158(d)(2)(A) that a circumstance specified in 28 U.S.C. § 158(d)(2) exists as stated below.

Leave to appeal in this matter is is not required under 28 U.S.C. § 158(a).

[The certification shall contain one or more of the following statements, as is appropriate to the circumstances.]

Or

Or

[The parties may include or attach the information specified in Rule 8003(f)(3)(C).]

Signed: *[If there are more than two signatories, all must sign and provide the information requested below. Attach additional signed sheets if needed.]*

Attorney for Appellant (or Appellant,
if not represented by an attorney)

Jonathan G. Anderson

Printed Name of Signer

1701 E. Woodfield Road, Suite 1050
Schaumburg, IL 60173

Address

(847) 995-9999

Telephone No.

8/22/2007

Date

B 203
(12/94)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re: Janet L Ryan
Debtor

Case No. _____
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,500.00</u>
Prior to the filing of this statement I have received	\$ <u>1500</u>
Balance Due	\$ _____

2. The source of compensation paid to me was:

- Debtor
- Other (specify)

3. The source of compensation to be paid to me is:

- Debtor
- Other (specify)

- 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 8/22/2007

Jonathan G. Anderson, Bar No. 03128613

Anderson & Associates, P.C.
Attorney for Debtor(s)

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re Janet L Ryan

Case Number _____
Chapter 7

STATEMENT OF MILITARY SERVICE

The Servicemembers' Civil Relief Act of 2003, Pub. L. No. 108-189, provides for the temporary suspension of certain judicial proceedings or transactions that may adversely affect military servicemembers, their dependents, and others. Each party to a bankruptcy case who might be eligible for relief under the act should complete this form and file it with the Bankruptcy Court.

IDENTIFICATION OF SERVICEMEMBER

- Self (Debtor, Codebtor, Creditor, Other)
 Non-Filing Spouse of Debtor (name) _____
 Other (Name of servicemember) _____
(Relationship of filer to servicemember) _____
(Type of liability) _____

TYPE OF MILITARY SERVICE

U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration (specify type of service)

- Active Service since _____ (date)
 Inductee - ordered to report on _____ (date)
 Retired / Discharged _____ (date)

U.S. Military Reserves and National Guard

- Active Service since _____ (date)
 Impending Active Service - orders postmarked _____ (date)
Ordered to report on _____ (date)
 Retired / Discharged _____ (date)

U.S. Citizen Serving with U.S. ally in war or military action (specify ally and war or action)

- Active Service since _____ (date)
 Retired / Discharged _____ (date)

DEPLOYMENT

- Servicemember deployed overseas on _____ (date)
Anticipated completion of overseas tour-of-duty _____ (date)

SIGNATURE

s/ Janet L Ryan

8/22/2007

Janet L Ryan

Date

(print name)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Janet L Ryan**

Case No.

Debtor.

Chapter **7**

Debtor's Statement of Special Circumstances

I hereby certify under penalty of perjury that the Debtor's Statement of Special Circumstances is true, correct and complete to the best of my knowledge.

Dated: 8/22/2007

s/ Janet L Ryan
Janet L Ryan

Document Page 59 of 64
UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re **Janet L Ryan**

Case No.

Debtor.

Chapter **7**

Notice to Trustee of Special Circumstances

Dear

Please be advised that I represent **Janet L Ryan**. According to the calculations required by the Statement of Current Monthly Income and Means Test Calculation, the debtor checked the box on page 1 of the form indicating that a presumption of abuse arises in this matter. To rebut this presumption, I am writing to provide you with information supporting the debtor's claim of special circumstances that justify additional expenses and/or adjustments of current monthly income, and/or to provide documentation for expense items that should be deducted from my client's current monthly income pursuant to § 707(b)(2)(A)(ii)(I).

Adjustments of Current Monthly Income

On Line 12 of Official Form B22A, the debtor stated that his current monthly income is **\$2,400.00**, based on the definition provided in section 101(10A) of the Code. However, this amount includes income that the debtor did not actually have at the time his petition was filed, and which the debtor does not currently have. I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that the debtor's actual monthly income is \$. I am also enclosing copies of my client's recent payment advices showing his actual income.

Additional Expenses

On Line of Official Form B22A, the debtor listed an expense amount of \$ based on the Internal Revenue Service National or Local Standard for . I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that the debtor's actual monthly expense for this item is \$, and that this expense is necessary and reasonable. I am also enclosing documentation for this expense.

In Part VII of Official Form B22A, the debtor listed the following additional expenses: . The debtor listed these items as a monthly expense amount of **\$0.00**, though this amount was not deducted from his current monthly income for purposes of determining the § 707(b)(2) presumption. I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that these monthly expenses are required for the health and welfare of the debtor and the debtor's family or for the production of the debtor's income. I am also enclosing documentation for these expense items.

If the additional expenses or adjustments to income referred to above are considered in applying the means test, a presumption of abuse no longer arises in this case. Accordingly, my client requests that in lieu of filing a motion to dismiss or convert this chapter 7 case under § 707(b), you file a statement with the court, for the reasons set forth above, that such a motion is not appropriate. If you are in need of any additional information or documentation, please contact me.

Jonathan G. Anderson
Attorney for Debtor(s)

B 201 (04/09/06)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Jonathan G. Anderson
Printed Name of Attorney

8/22/2007
Signature of Attorney Date

Address:

Anderson & Associates, P.C.
1701 E. Woodfield Road, Suite 1050
Schaumburg, IL 60173

(847) 995-9999

Certificate of the Debtor

I, the debtor, affirm that I have received and read this notice.

Janet L Ryan
Printed Name of Debtor

Xs/ Janet L Ryan
Janet L Ryan
Signature of Debtor

8/22/2007
Date

Case No. (if known) _____

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Janet L Ryan**

Case No.

Debtor.

Chapter **7**

STATEMENT OF MONTHLY NET INCOME

The undersigned certifies the following is the debtor's monthly income .

Income:	Debtor
Six months ago	<u>\$0.00</u>
Five months ago	<u>\$0.00</u>
Four months ago	<u>\$0.00</u>
Three months ago	<u>\$0.00</u>
Two months ago	<u>\$0.00</u>
Last month	<u>\$0.00</u>
Income from other sources	<u>\$0.00</u>
Total net income for six months preceding filing	<u>\$ 0.00</u>
Average Monthly Net Income	<u>\$ 0.00</u>

Attached are all payment advices received by the undersigned debtor prior to the petition date, I declare under penalty of perjury that I have read the foregoing statement and that it is true and correct to the best of my knowledge, information, and belief.

Attached are all payment advices received by the undersigned debtor prior to the petition date, we declare under penalty of perjury that we have read the foregoing statement and that it is true and correct to the best of our knowledge, information, and belief.

Attached are all payment advices received by the undersigned debtor prior to the petition date, we declare under penalty of perjury that we have read the foregoing statement and that it is true and correct to the best of our knowledge, information, and belief.

Dated: 8/22/2007

s/ Janet L Ryan

Janet L Ryan

Debtor

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor		Case Number
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent:		
Telephone number:		
Last four digits of account number or other number by which creditor identifies debtor:		THIS SPACE IS FOR COURT USE ONLY
Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, Salaries and compensations (Fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: right;">(date) (date)</div>		
2. Date debt was incurred:		3. If court judgment, date obtained:
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 0.00
Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950), * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed: \$ _____ (unsecured) _____ (secured) _____ (priority) _____ (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):	

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

--- DEFINITIONS ---

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Classification of Claim **Secured Claim:**

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the

amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

Unsecured Nonpriority Claim:

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim". (See DEFINITIONS, above.) If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount not entitled to priority.

5. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

6. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

7. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.